



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

BUSINESS OFFICE / LICENSING SECTION DEPOSIT SLIP

Dear Applicant / Licensee:

It is important to completely fill out this deposit slip in order to properly validate money and applications sent for processing. Attach this to the front of your application packet before sealing the envelope. **You should fill out one deposit slip for each check being sent.**

Check Number: _____

Name of Check Writer: _____

Address of Check Writer: _____

Total Amount Check is Written for: \$ _____ Number of Applications: _____

The enclosed check has been submitted for the following applications:

Name of Person	Social Security Number	Amount	Application Type
Last, First MI	5 5 5 - 5 5 - 5 5 5 5	\$ 146	Renewal
Last, First MI	9 9 9 - 9 9 - 9 9 9 9	\$ 295	New Out-of-State
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	
	- -	\$	

NOTICE: Please be careful to fill out check completely. It should be payable to WSGC, and should be signed. Any missing information will cause a delay and possibly require us to return the packet without processing.